

PROVIDER ORIENTATION SESSION

Radiology Cardiovascular Pain Management

Aetna Better Health of New Jersey
(Aetna Assure Premier Plus)

EviCore
By EVERNORTH



Agenda



Solution Overview

Radiology, Cardiovascular & Pain Management

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal

Overview, Features & Benefits

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Appendix

- Peer-to-Peer Scheduling Tool
- Additional Resources

Solution Overview

Aetna Better Health of New Jersey Prior Authorization Services

EviCore will begin accepting prior authorization requests for Radiology, Cardiovascular and Pain Management services on 8/18/2025 for dates of service 9/1/2025 and after.

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
<ul style="list-style-type: none">MedicaidAAPP	<ul style="list-style-type: none">OutpatientElective/Non-emergent	<ul style="list-style-type: none">Emergency RoomsObservation ServicesInpatient Stays

Providers should verify member eligibility and benefits on the secured provider log-in section at:

www.aetnabetterhealth.com/NewJersey (ABH-NJ)

<https://www.aetnabetterhealth.com/new-jersey-hmosnp/index.html> (AAPP)

Radiology, Cardiovascular and Pain Management Covered Services

Radiology

- Advanced Imaging
- CT, CTA
- MRI, MRA
- PET, PET/CT

Cardiovascular

- Cardiac Imaging
- Myocardial Perfusion Imaging
 - (SPECT & PET)
- Cardiac CT & MRI
- Echo Stress Testing (XSE
- Diagnostic Heart Catheterization

Interventional Pain

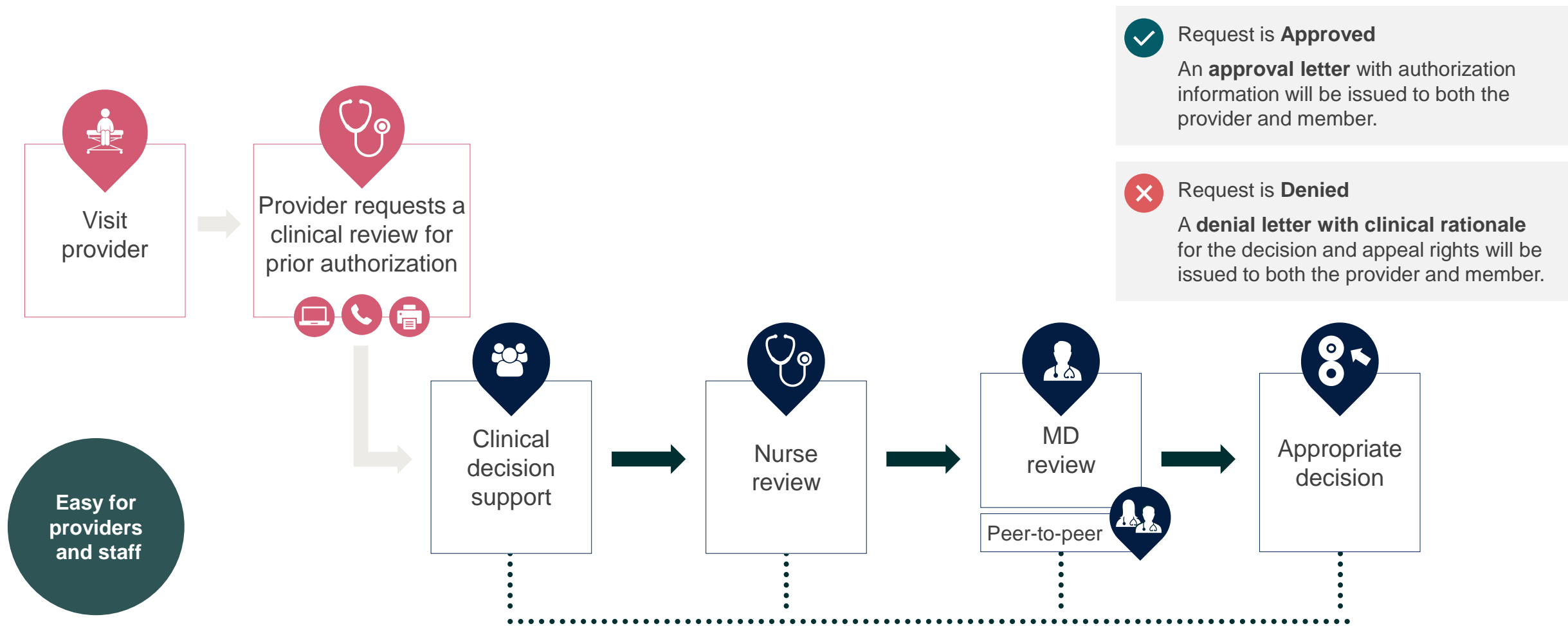
- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

To find complete lists of resources including the Current Procedural Terminology (CPT) codes that require prior authorization, please visit:

[Aetna Better Health NJ Provider Resources | EviCore by Evernorth](#)

Submitting Requests

Utilization Management | Prior Authorization



How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7:** Submit your requests anytime day or night
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the EviCore Provider Portal, visit EviCore.com/provider

Or by phone: **866-668-8295**
Monday – Friday
7 AM – 7 PM (local time)

Or by fax: **800-540-2406**



Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

Member

- Health Plan ID
- Member name
- Date of birth (DOB)

Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number

Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results





Prior Authorization Outcomes, Special Considerations & Post- Decision Options

Prior Authorization Determination Outcomes

Determination Outcomes

- **Turnaround Time:** Decisions on standard requests will be made within 14 calendar days from case submission. Urgent requests are processed within 72 hours.
- **Approved/Partially Approved Requests:** Authorizations are valid for 60 calendar days from the date of case submission. In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision rights will be issued.

Notifications

- Notifications will be provided to members and providers per state requirements.
- Approval information can be printed on demand from the [EviCore portal](#).



Special Circumstances

Retrospective Authorization Requests



Must be submitted within 90 calendar days from the date of services (180 Days for MCR)



Any submitted beyond this timeframe will expire



Reviewed for **clinical urgency** and medical necessity



Processed within 30 calendar days



When authorized, the start date will be the submitted date of service



Special Circumstances

Urgent Prior Authorization Requests



EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member



Can be initiated on provider portal or by phone



Urgent cases are typically reviewed within 24 to 72 hours



Special Circumstances

Alternative Recommendation



An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines



The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request



Providers have up to 5 business days to contact EviCore to accept the alternative recommendation



Special Circumstances

Authorization Update



If updates are needed on an existing authorization, providers can contact EviCore by phone



If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



Medicaid Members

My case has been denied. What's next?

- + Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.
- + You may also call EviCore at **866-668-8295** to speak with an agent who can provide available option(s) and instruction on how to proceed.
- + Alternatively, select 'All Post Decisions' under the authorization lookup function on [EviCore.com](https://www.evicore.com) to see available options.



Reconsiderations

- + Reconsiderations must be requested within 5 calendar days from date of decision.
- + Reconsiderations can be requested writing or verbally via a Clinical Consultation with an EviCore physician.



Appeals

- + EviCore will not process first-level appeals.

EviCore Provider Portal

EviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone

To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

Click [Register Now](#)


EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an EviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.



Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: --Select--

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:

Address*:

Phone*:

Email*:

City*:

Ext:

Confirm Email*:

State*:

Fax*:

First Name*:

Zip*:

Last Name*:

Office Name:

Next

Web Support 800-646-0418

[Legal Disclaimer](#) | [Privacy Policy](#) | [Corporate Website](#) | [Report Fraud & Abuse](#) | [Guidelines and Forms](#) | [Contact Us](#)

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Setting Up Multi-Factor Authentication (MFA)

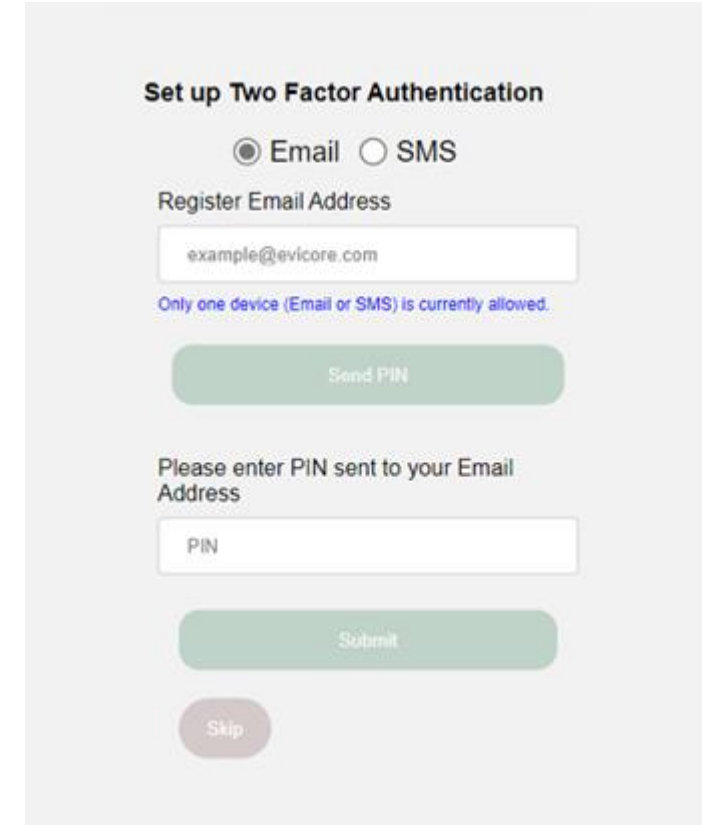
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.
Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.



The screenshot shows a web form titled "Set up Two Factor Authentication". It has two radio buttons: "Email" (selected) and "SMS". Below this is a label "Register Email Address" and a text input field containing "example@evicore.com". A small blue note below the field states "Only one device (Email or SMS) is currently allowed." There is a green "Send PIN" button. Below that is a label "Please enter PIN sent to your Email Address" and a text input field labeled "PIN". There is a green "Submit" button and a grey "Skip" button at the bottom.

EviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission

- Click the **Manage Your Account** tab to add provider information
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Manage Your Account** at any time to make any necessary updates or changes

Manage Your Account

Office Name:

CHANGE PASSWORD

EDIT ACCOUNT

Address:

20 Building Road
Burlington, VT 05401

Primary Contact:

Email Address:

John G. Gorman
jgorman@evicore.com

ADD PROVIDER

Click Column Headings to Sort

No providers on file

CANCEL

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

FIND MATCHES

CANCEL

Portal Case Submission

Clinical Certification Request | Initiating a Case

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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To begin, please select one of the programs below that are applicable to Aetna Better Health of OK.

- ☐ Durable Medical Equipment (DME)
- ☐ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Oncology Pathways
- ☒ Musculoskeletal Management
- ☐ Radiation Therapy Management Program (RTMP)
- ☒ Radiology and Cardiology
- ☐ Sleep Management
- ☐ Specialty Drugs

CONTINUE

[Click here for help](#)

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification
- Select **Requesting Provider Information**

Clinical Certification Request | Search for and Select Provider

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
<div>SELECT</div>	<div>12312312 - Provider Name</div>

Search for and select the **Practitioner/Group** for whom you want to build a case

BACK

CONTINUE

[Click here for help](#)

Clinical Certification Request | Select Health Plan

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

BACK

CONTINUE

- Choose the appropriate **Health Plan** for the request
- Select **CONTINUE**

Clinical Certification Request | Enter Contact Information

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Add Your Contact Info

Provider's Name:*

BL SUCAI

[?]

Who to Contact:*

[?]

Fax:*

(012) 435-0445

[?]

Phone:*

(012) 250-4375

[?]

Ext.:

[?]

Cell Phone:

Email:

any.nibbu@gmail.com

BACK

CONTINUE

[Click here for help](#)

- Enter the **provider's name** and appropriate information for the point of contact individual
- Provider name, fax and phone will pre-populate, edit as necessary

Clinical Certification Request | Enter Member Information

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:*

Patient Last Name Only:*

ELIGIBILITY LOOKUP

BACK

[Click here for help](#)

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
SELECT	00000000000000000000000000000000		WATKINS, JONATHAN	01/01/1980	M	12345 MAIN ST SPRINGFIELD, IL 62760

BACK

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

Confirm your patient's information and click **SELECT** to continue

Clinical Certification Request

Enter Requested Procedure and Diagnosis

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]

73721

▼

MRI LOWER EXTREMITY JOINT W/O

▼

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

r68.89

LOOKUP

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Radiology

LOOKUP

For **Radiology, Cardiovascular, and Interventional Pain** requests, enter the CPT code in the drop down box and then enter the diagnosis codes.

[BACK](#)

[Click here for help](#)

Clinical Certification Request | Verify Service Selection

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK **CONTINUE**

[Click here for help](#)

- Verify requested service & diagnosis
- Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**
- Click **CONTINUE** to confirm your selection

Clinical Certification Request | Site Selection

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

☒ Exact match

☐ Starts with

LOOKUP SITE

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code)
- **Select** the specific site where the procedure will be performed

eviCore
intelliPath®

Real-time decision
Request is complete

Clinical Certification Request | Clinical Certification

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- Verify that all information is entered and correct
- **You will not have the opportunity to make changes after this point**

Clinical Certification Request | Standard or Urgent Request?

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.
In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

☐ A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.

☐ A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

☐ None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents** (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload

Requesting Multiple CPT Codes

After you indicate the case urgency of the case, you will be asked about additional procedures. All CPT codes must be for the same program.

Clinical Certification
☒ Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?
☐ Yes ☐ No

Click [here](#) for help or technical support

Clinical Certification
☒ Please enter the additional procedure code

70552

Click [here](#) for help or technical support

- Select **YES** to add Additional CPT codes.
- Enter one CPT at a time and select **SUBMIT** after each one.

Improved Provider Experience

Real-Time Decision or Clinical Documentation Upload



*In some circumstances, you may be asked to complete a series of clinical questions which may result in an immediate approval or a request for clinical upload.

eviCore healthcare

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification

Tuesday, July 30, 2019 7:43 PM

Clinical Certification

Your case has been Approved.

Provider Name:	DR. JYH-HAUR LU	Contact:	WED
Provider Address:	3916 PRINCE ST FLUSHING, NY 11354	Phone Number:	(646) 409-4402
		Fax Number:	(718) 888-9025

Patient Name:	GARY TURCO	Patient ID:	W249262910
Insurance Carrier:	AETNA		

Site Name:	PARK PLACE MEDICAL IMAGING	Site ID:	73C73C
Site Address:	255 GREENWICH STREET NEW YORK, NY 10007		

Primary Diagnosis Code:	R51	Description:	Headache
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	72148	Description:	MRI LUMBAR SPINE W/O CONTRAST

Authorization: A123615501

Review Date: 7/30/2019 7:39:39 PM

Status: Your case has been Approved.

Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification

Tuesday, July 30, 2019 7:29 PM

Clinical Certification

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCX, .PDF):

Choose File SampleUpload_1.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD SKIP UPLOAD

BACK SUBMIT

Clinical Certification Request | Request for Clinical Upload

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
--	------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File

Test clinical.docx

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

SKIP UPLOAD

If **additional information** is required, you will have the option to upload more clinical information for review.

Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case # and indicates ‘Your case has been sent to clinical review’

Clinical Certification Request | Criteria Met

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

Provider Name:	DR. BHARATH MANU ANKARA VEETIL	Contact:	NA
Provider Address:	1200 6TH AVE NE SAINT CLOUD, MN 56303	Phone Number:	(800) 250-1000
		Fax Number:	(800) 250-1000
Patient Name:	DAVID WALKER	Patient Id:	10000000
Insurance Carrier:	WELLS FARGO		
Site Name:	CLINICAL TRIALS CENTER LLC	Site ID:	10000000
Site Address:	875 LAKESHORE BLVD CLINICAL, FL 32709		
Primary Diagnosis Code:	R68.89	Description:	Other general symptoms and signs
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided		
CPT Code:	73721	Description:	MRI LOWER EXTREMITY JOINT W/O
Authorization Number:	10000000		
Review Date:	5/13/2020 1:52:08 PM		
Expiration Date:	6/27/2020		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

If your request is authorized during the initial submission, you can **PRINT** the summary of the request for your records.

Provider Resources

Contact EviCore's Dedicated Teams

Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: clientservices@EviCore.com
- Phone: **800-646-0418** (option 4)

Provider Engagement

Regional team that works directly with the provider community.

Sara Vandiver – NY, NJ

- Email: sara.pomeroy@EviCore.com
- Phone: **804-814-4878**

Web-Based Services and Portal Support

- Live chat
- Email: portal.support@EviCore.com
- Phone: **800-646-0418** (option 2)

EviCore

By EVERNORTH



Call Center

Call **866-668-8295**, representatives are available from 7 a.m. to 7 p.m. local time.

Provider Resource Website

EviCore's Provider Engagement team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page can include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code lists

To access these helpful resources, please visit:

<https://www.evicore.com/resources/healthplan/aetna-better-health-nj>

Reminder: Contact our Client and Provider Services team via email at **ClientServices@EviCore.com** or by phone at **1-800-646-0418 (option 4)**

EviCore Provider Newsletter

Stay up-to-date with our free provider newsletter

+To subscribe:

- Visit [EviCore.com](https://www.EviCore.com)
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address



Provider Resource Review Forum

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The EviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate [EviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming



Q & A

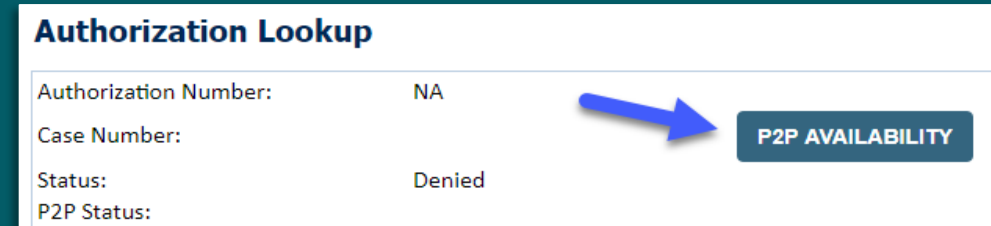
Appendix

Peer-to-Peer (P2P) Scheduling Tool

Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging.

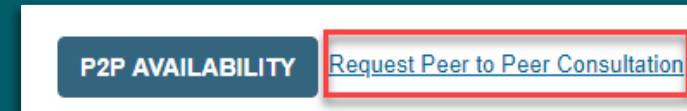
1. Log-in to your account at **EviCore.com**.
2. Perform **Clinical Review Lookup** to determine the status of your request.
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays.*



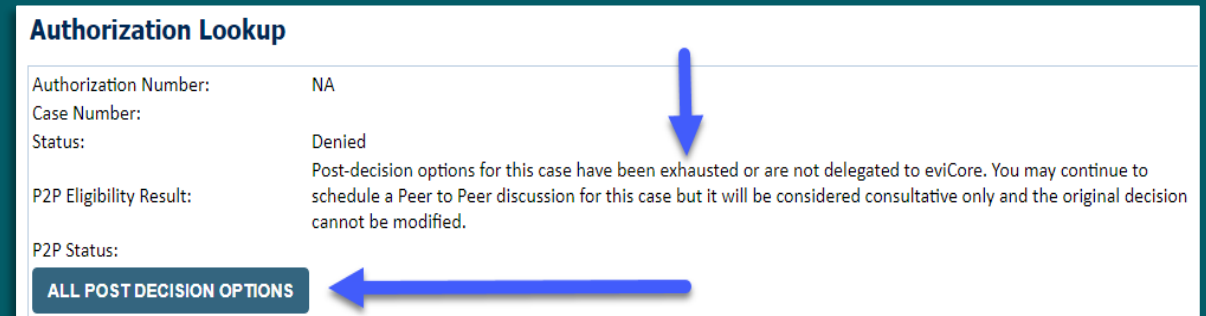
Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

P2P AVAILABILITY



P2P AVAILABILITY [Request Peer to Peer Consultation](#)



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

ALL POST DECISION OPTIONS

*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.

Schedule a P2P

1. Upon first login, you will be asked to confirm your default time zone.
2. You will be presented with the case number and member date of birth.
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**.
4. To proceed, select **Lookup Cases**.
5. You will receive a confirmation screen with member and case information, including the level of review for the case in question.
6. Click **Continue** to proceed.

The image displays two screenshots of the EviCore 'New P2P Request' form, illustrating the steps to schedule a Peer-to-Peer appointment.

Top Screenshot: Initial Form

- Case Info** | **Questions** | **Schedule** | **Confirmation**
- New P2P Request** | **EviCore By EVERNORTH**
- Case Reference Number**: (Red text: Case information will auto-populate from prior lookup)
- Member Date of Birth**:
- + Add Another Case** (Blue arrow points to this button)
- Lookup Cases >** (Blue arrow points to this button)

Bottom Screenshot: Confirmation Screen

- New P2P Request** | **EviCore By EVERNORTH**
- Case Ref #:** (Blue arrow points to this field)
- Remove** | **✓ P2P Eligible** (Blue arrow points to this status)
- Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.** (Blue arrow points to this message)
- Member Information**
 - Name
 - DOB
 - State
 - Health Plan
 - Member ID
- Case P2P Information**
 - Episode ID
 - P2P Valid Until: 2020-11-11
 - Modality: MSK Spine Surgery
 - Level of Review: Reconsideration P2P (Blue arrow points to this text)
 - System Name: ImageOne
- Continue** (Blue arrow points to this button)

Schedule a P2P

1. You will be prompted with a list of EviCore Physicians/Reviewers and appointment options.
2. Select any of the listed appointment times to continue.
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented).
4. Click on any **green checkmark** to **deselect** that option, then click **Continue**.

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT						
6:45 pm EDT						

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT			
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT			
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT			
Show more...	Show more...	Show more...	Show more...			

Schedule a P2P


1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
 - + Name of Provider Requesting P2P
 - + Phone Number for P2P
 - + Contact Instructions
2. Click **Submit** to schedule the appointment.
3. You will be presented with a summary page containing the details of your scheduled appointment.
4. Confirm contact details.

The screenshot shows a web form for scheduling a P2P appointment. At the top, there are four tabs: Case Info, Questions, Schedule, and Confirmation. The 'Case Info' tab is active. The form is divided into two main sections: 'P2P Info' and 'P2P Contact Details'. The 'P2P Info' section includes fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and a 'Reviewing Provider' dropdown. The 'P2P Contact Details' section includes fields for Name of Provider Requesting P2P (Dr. Jane Doe), Contact Person Name (Office Manager John Doe), Contact Person Location (Provider Office), Phone Number for P2P ((555) 555-5555), Phone Ext. (12345), Alternate Phone ((xxx) xxx-xxxx), Phone Ext. (Phone Ext.), Requesting Provider Email (droffice@internet.com), and Contact Instructions (Select option 4, ask for Dr. Doe). A blue arrow points to the 'Name of Provider Requesting P2P' field, another blue arrow points to the 'Phone Number for P2P' field, a third blue arrow points to the 'Phone Ext.' field, and a fourth blue arrow points to the 'Contact Instructions' field. A 'Submit' button is located at the bottom right of the form.


The screenshot shows a 'Scheduling' summary page. It features a calendar icon and the text 'Scheduling'. Below this, it says 'Scheduled'. A blue box contains a calendar icon and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this box, there is a red oval containing the word 'SCHEDULED' in blue capital letters.


P2P Contact Details


1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
2. Open fields will manually open to input the provider's first, last name, and their credential.

 **P2P Contact Details**

Appointment Details

 Fri 5/24/2024

 7:00 am PDT


 Tamara Fackler

Who will be performing the P2P consultation? *Required*

☐ Requesting Provider

☐ Contact Person

☐ Someone else


 PROVIDER


Name of Referring Physician on Case *Required*

First Name

Last Name

Credential *Required*

Select...

 CONTACT PERSON


Contact First Name *Required*

Contact First Name

Contact Last Name *Required*

Contact Last Name

Contact Person Location *Required*

Select...

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Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.

Contact Instructions

Call Notes

☐ ALT REC declined

☐ Procedure was performed on:

☐ Caller requested MD Specialty match

☐ Appeal LOR attestation requirement

☐ OH State Regulation: Member Consent obtained

☐ TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.

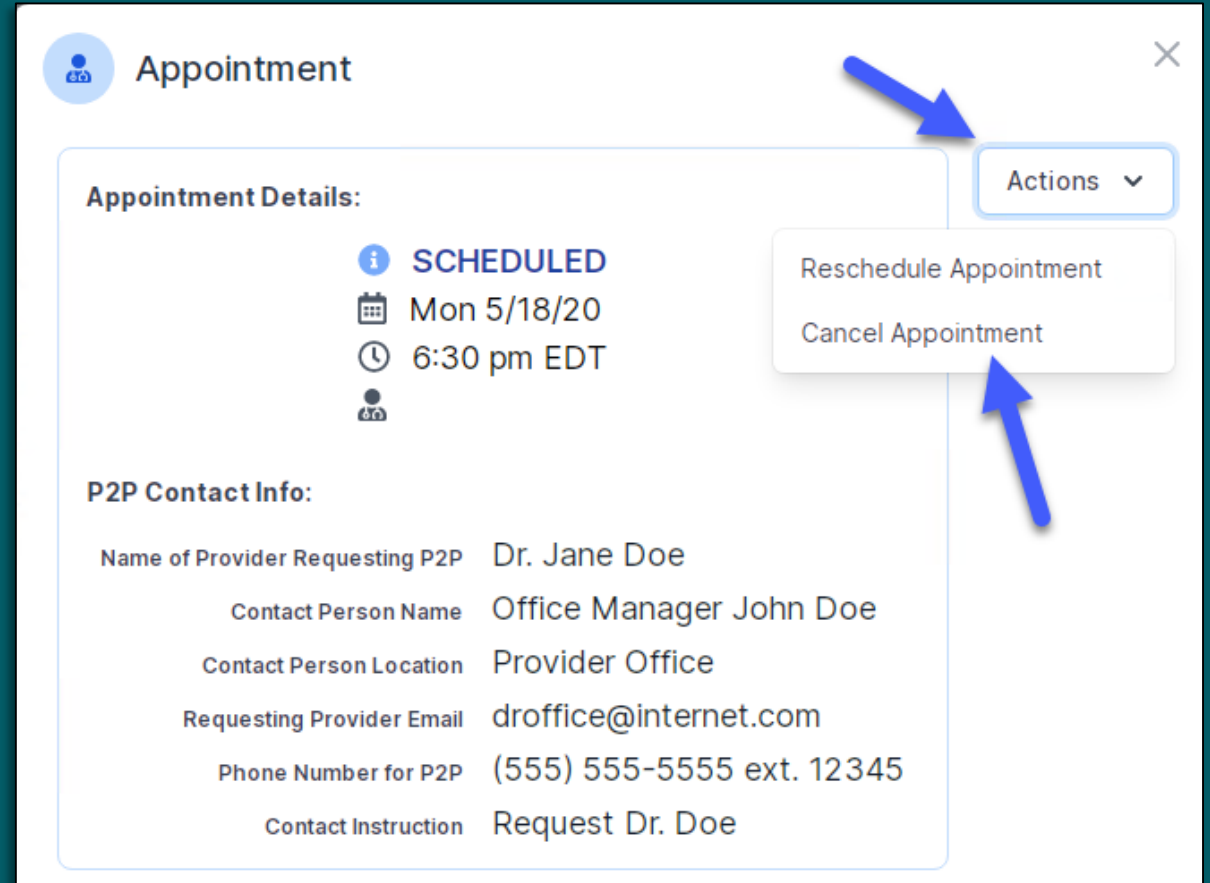
☐ TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

Schedule Appointment

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation.
2. Select the request you would like to modify from the list of available appointments.
3. When the request appears, click on the schedule link. An appointment window will open.
4. Click on the **Actions** drop-down and choose the appropriate action:
 - + **If choosing to reschedule**, select a new date or time as you did initially.
 - + **If choosing to cancel**, input a cancellation reason.
5. Close the browser once finished.



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details:" and "P2P Contact Info:". In the "Appointment Details:" section, there is a status "SCHEDULED" with an information icon, a date "Mon 5/18/20" with a calendar icon, and a time "6:30 pm EDT" with a clock icon. Below these is a small icon of two people. In the "P2P Contact Info:" section, there is a table with the following information:

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

On the right side of the window, there is an "Actions" drop-down menu. A blue arrow points to this menu, and another blue arrow points to the "Cancel Appointment" option in the dropdown list. The "Reschedule Appointment" option is also visible in the dropdown.